

JUDY H. HASSELL
Chief Deputy

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BESSEMER DIVISION
P.O. Box 1190
Bessemer, Alabama 35021-1190

GROVER DUNN

ASSISTANT TAX COLLECTOR – JEFFERSON COUNTY

March 10, 2010

**US Bankruptcy Court
Chapter 11, Clerk
One Bowling Green
New York, NY 10004-1408**

**RE: Motors Liquidation Company (fka General Motors Corp.)
Bankruptcy Case No. 09-50026 REG
Parcel ID: 90-37-505829.010-PP
90-37-505829.020-PP**



Gentlemen:

Please withdraw the claims that were filed for 2009 taxes on the above referenced parcels. (Copy of Claims Enclosed). The 2009 taxes have been paid.

Thank you for your assistance in this matter.

Sincerely,

**Grover Dunn
Assistant Tax Collector
Bessemer Division**

GD:eb

Enclosure

Copy to: The Garden City Group, Inc.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

me of Debtor (Check Only One):
 Motors Liquidation Company (f/k/a General Motors Corporation)
 MLCS, LLC (f/k/a Saturn, LLC)
 MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
 MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.
 09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

Your Claim is Scheduled As Follows:

Motors Liquidation Company

Priority: \$0.00

Contingent / Unliquidated

1. *(This term should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9)(C)(ii). Item # 5.) All other requests for payment of an administrative expense should be made pursuant to 11 U.S.C. § 503.*

me of Creditor (the person or other entity to whom the debtor owes money or property): JEFFERSON COUNTY TAX COLLECTOR

me and address where notices should be sent:

JEFFERSON COUNTY TAX COLLECTOR
 ATTN: LEGAL OFFICER / BANKRUPTCY DEPT.
 PO BOX 1190
 GROVER DUNN, ASSISTANT TAX COLLECTOR
 BESSEMER, AL 35021-1190

Telephone number: (205) 481-4131

Email Address: _____
 Name and address where payment should be sent (if different from above): _____

Check this box to indicate that this claim amends a previously filed claim

Court Claim Number: _____
 (If known)

Filed on: _____



If an amount is indicated above, you have a claim scheduled by one of the debtors as shown. The scheduled amount of your claim may be an underestimate of a previously scheduled amount if you agree with the amount and priority of your claim as scheduled by the debtor and you have no other claim against the debtor, you will need to file this proof of claim form, EXCEPT AS PROVIDED BELOW. If the amount shown is listed as OBSV AND ENCL TO AMT DUE ON/12/09, a power of attorney MUST be filed in order to receive any notice or notice in respect of your claim. If you have already filed a power of attorney in accordance with the above, you need not file again.

Telephone number: _____

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$12.37
 If all or part of your claim is secured, complete box 2 below; however, if all of your claim is unsecured, do not complete box 2. If all or part of your claim is entitled to priority, complete box 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 523(b) before completing box 5, attach a sworn statement of interest or causes.

2. Basis for Claim: 2009 Ad Valorem-Tax
 See instruction #2 on reverse side.

3. Last four digits of any number by which creditor identifies debtor: 8442
 2009 BLD # 318442 PARCEL ID 90-37-505829,020-PP UNIT # 52-0
 (a) Debtor may have scheduled account as: _____
 (See instruction #5 on reverse side)

4. Secured Claim (See instruction #2 on reverse side)
 Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Equipment Other

Describe: _____
 Value of Property: \$ _____ Annual Interest Rate: %

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

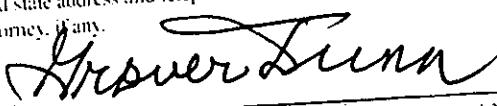
6. Credits: The amount of payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements concerning accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction #7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

ACKNOWLEDGEMENT

Date: 10/22/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
	
Jefferson County Asst Tax Collector	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	
Modified B10 (GCG) (12-08)	

10/22/09	FOR COURT USE ONLY
MAR 16 2010	
U.S. BANKRUPTCY COURT SD. DIST. OF NEW YORK	

